State of Nevada Board of Cosmetology

1785 E. Sahara, #255 Las Vegas, NV 89104 Phone (702) 486-6542 Fax (702) 369-8064

Reinstate a Nevada license



State of Nevada Board of Cosmetology

4600 Kietzke Lane Bldg O Suite 262 Reno, NV 89502 Phone (775) 688-1442 Fax (775) 688-1441

APPLICATION REQUEST FORM

Current Address: Day Phone #: Social Security #: State where hours OR Diagram Social Security #: Nevada Completed: OR Diagram Social Security #: State where hours OR Diagram Social Security #: State where hours OR Diagram Social Security #: Social Security #: State where hours OR Diagram Social Security #: State where hours OR Diagram Social Security #: Social Security #: State where hours OR Diagram Social Security #: State where hours OR Diagram Social Security #: Social Security #: State where hours OR Diagram Social Security #: Social Security #: State where hours OR Diagram Social Security #: Social Security #: State where hours OR Diagram Social Security #: Social Security #: State where hours OR Diagram Social Security #: Social Security #: State where hours OR Diagram Social Security #: Soci		a State Board of Cosmetology issued you a license number, then please fill out the section d we will send an application within 7 business days.		
below and return it to the address listed above with a MONEY ORDER OR CASHIER'S CHECK ONLY in the amount of \$15.00 for your application fee. PLEASE DO NOT SEND CASH IN THE MAIL and DO NOT SEND A PERSONAL CHECK FROM ANY STATE. DO NOT SEND ANY DOCUMENTS AT THIS TIME! Cut or tear here Current Address: Day Phone #: Social Security #: State where hours onpleted: OR License number: Date of Birth: Country of Birth: Are you currently licensed in any other state? per no If yes, where? (Please check one only) Type of license: Cosmetologist Plair Designer Aesthetician Electrologist Instructor (Must apply and receive a Nevada license first) Cosmetic Demonstrator Hair Braiding FOR OFFICE USE ONLY BELOW THIS LINE and S How: File #: Entity #: Date Received:	Have your Cosmetolo	State Board or school MA gy for review.		
Current Address: Day Phone #: State where hours ompleted: Place of Birth: Country of Birth: (Please check one only) Sype of license: Cosmetologist Nail Technology Hair Designer Aesthetician Electrologist Instructor Cosmetic Demonstrator Hair Braiding FOR OFFICE USE ONLY BELOW THIS LINE Faid \$	below and retu ONLY in the a	rn it to the address listed a amount of \$15.00 for your	above with a MONEY ORD application fee. PLEASE I	DER OR CASHIER'S CHECK DO NOT SEND CASH IN THE
Birth Date:	9/			THIS TIME!
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State where hours completed: OR License number:	Current Address:			
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